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FACSIMILE COVER SHEET

March 18, 2005

Receiver: Jingge Wu, Patent Examiner, Art Unit 2623

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Sender: William J. Plut, Limited Recognition under 37 C.F.R. § 10.9(b)

Our Ref. No.: CISCP219/4103

Re: AMENDMENT A and INFORMATION DISCLOSURE STATEMENT
U.S. Patent Application No. 09/867,966
Filed: May 29, 2001
Title: "Methods and Apparatus for Transform Coefficient Filtering"

Pages Including Cover Sheet(s): 16

MESSAGE:

CONFIDENTIALITY NOTE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: WU et al.

Attorney Docket No.: CISCP219/4103

Application No.: 09/867,966

Examiner: WU, Jingge

Filed: May 29, 2001

Group: 2623

Title: METHODS AND APPARATUS FOR
TRANSFORM COEFFICIENT FILTERINGRECEIVED
CENTRAL FAX CENTER

Confirmation No.: 9757

MAR 18 2005

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 703-872-9306 to the U.S. Patent and Trademark Office on March 18, 2005.

Signed: Sue Funchess
Sue Funchess

AMENDMENT A TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	46	MINUS	46	0	x 25 =	x 50 = \$0-
Independent Claims	5	MINUS	5	0	x 100 =	x 200 = \$0-
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
				Total	\$	\$0-

- Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0388 (Order No. CISCP219).
- Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-0388 (Order No. CISCP219).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

William J. Plut

Limited Recognition under 37 C.F.R. §10.9(b)

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Expires: April 21, 2005



Harry I. Moatz
Director of Enrollment and Discipline